
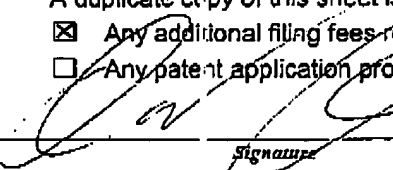



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. EXC-0001
Applicant(s): SOL AISENBERG ET AL			
Serial No. 09/679,096	Filing Date 10/4/2000	Examiner Jeffery	Group Art Unit 3742
Invention: DRYER			
FAX RECEIVED JAN 23 2002 GROUP 3700			
I hereby certify that this <u>Amendment Transmittal Letter and Response to Final Office Action</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703 872-9303</u>) on <u>January 22, 2002</u> (Date)			
<u>Sheila Smedick</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. EXC-0001	
Applicant(s): SOL AISENBERG ET AL					
Serial No. 09/679,096	Filing Date 10/4/2000	Examiner Jeffery	Group Art Unit 3742		
Invention: DRYER					
FAX RECEIVED					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	28 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	8 -	4 =	4 x	\$40.00	\$160.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$160.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$160.00 . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
			Dated: January 22, 2002		
Signature  David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Signature of Person Mailing Correspondence Sheila Smedick Typed or Printed Name of Person Mailing Correspondence		
 23413 PATENT & TRADEMARK OFFICE					
CC:					